



AAFP Policies Related to Telemedicine

1. Telemedicine

Telemedicine is the use of medical information that is exchanged from one site to another through electronic communications. It includes varying types of processes and services intended to enrich the delivery of medical care and improve the health status of patients. Some of these processes and services include:

- Subspecialists' consultations and may involve the patient "seeing" the subspecialist during a live, remote consult. It may also include the transmission of diagnostic images or video that the specialist reviews later.
- Using electronic communications that collect and send information to foster remote patient monitoring, such as vital signs or blood glucose levels. Monitoring of this nature assists homebound patients or care coordination between providers.

"Closely associated with Telemedicine is the term 'telehealth' which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services.

Videoconferencing, transmission of still images, e-health including patient portals, nurse call centers, and remotely tracking vitals are all considered part of telemedicine or telehealth."

(incorporating the American Telemedicine Association's definition of Telehealth).¹

(available at <http://www.aafp.org/about/policies/all/telemedicine.html>)

¹ See American Telemedicine Association, "For the Media," available at <http://www.americantelemed.org/news/for-the-media#.U2D6fPldXT0>

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2. Telemedicine, Licensure and Payment

The delivery of healthcare services via telemedicine should be consistent with the principles of ethical medical practice. Regulation should not unduly restrict accessibility of telemedicine services, but appropriate licensure should be assured to protect the patient and the referring physician. The AAFP opposes the creation of unreasonable barriers to the practice of telemedicine across borders by state licensing boards; however, full legal accountability for the ordering and interpreting of telemedicine services must be maintained. Family physicians should have full discretion in selecting the most appropriate consultants for their patients.

By creating ready access to information, telemedicine can provide physicians with current medical information that may not otherwise be available in a given setting. The AAFP believes that payment should be made for physician services that are reasonable and necessary, safe and effective, medically appropriate, and provided in accordance with accepted standards of medical practice. The technology used to deliver the service should not be the primary consideration; the critical test is whether the service is medically reasonable and necessary. Care provided via telemedicine should be paid as other physician services. A record of telemedicine interactions must be created that becomes part of the patient's medical record.

(available at <http://www.aafp.org/about/policies/all/telemedicine-licensure.html>)

3. Licensure

The AAFP supports the concept of licensure and relicensure at the state level, as presently provided, and opposes the concept of such licensure on a federal level. The AAFP encourages states to engage in reciprocity compacts for physician licensing, especially to permit the use of telemedicine.

(available at <http://www.aafp.org/about/policies/all/licensure.html>)